

# Procedures Requesting Technical Assistance/ Training

## Division of Recovery and Resiliency

The following procedure is in place for the purpose of tracking technical assistance requests, trainings, material supply, budgeting, etc. The technical assistance/training will be provided by the Department of Mental Health (DMH), and/or a Certified Peer Support Specialist (CPSS).

1. A request may be submitted to conduct any training the trainer has been formally trained to conduct; or for training conducted by the Department of Mental Health.
2. A Technical Assistance Request (TAR) form must be completed and submitted to DMH, Division of Recovery and Resiliency. The TAR must be submitted 4-6 weeks prior to the scheduled training. This gives staff enough time to reserve training space, prepare materials/supplies and other essentials needed for the training.
3. The request will be reviewed by the division and bureau director within a week of receipt of the request.
4. The Requester will be notified of approval or recommendations.
5. When approved, the requester of the training will be responsible for the planning and preparations for the training with the assistance of DMH as requested on the TAR.
6. TA/Training evaluations & sign in forms are required to be completed and submitted to DMH at the end of each training (forms will be provided by DMH).





## Technical Assistance/Training Form

Division of Recovery and Resiliency

Date of Request: \_\_\_\_\_

Agency Requesting Training: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Technical Assistance Dates:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Location of the Training: \_\_\_\_\_

Audience: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Reason for Request: ☐ Technical Assistance ☐ Training

Assistance Needed from DMH: equipment, supplies, materials, etc. \_\_\_\_\_

**Briefly describe your need for the training or the specific training requested.**

\_\_\_\_\_

\_\_\_\_\_

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**For Office Use Only:**

Date Request Received: \_\_\_\_\_ Date TA Provided: \_\_\_\_\_

Training Presenters: \_\_\_\_\_

Date Evaluations Received: \_\_\_\_\_

**Please return completed form to:**

Mississippi Department of Mental Health

Attn: Sherry Bouldin

239 N. Lamar Street, 1101 Robert E. Lee Building

Jackson, MS 39201

[sherry.bouldin@dmh.state.ms.us](mailto:sherry.bouldin@dmh.state.ms.us)

Phone: 601-359-1288

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